

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000085497

**Entity Name:** TOTAL LEAH EXPERIENCE, LLC

**Current Principal Place of Business:**

6366 LIGHTNER DR  
ORLANDO, FL 32829-7625

**Current Mailing Address:**

6366 LIGHTNER DR  
ORLANDO, FL 32829 US

**FEI Number: 82-5111690**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HANSON, LEAH  
6366 LIGHTNER DR  
ORLANDO, FL 32829-7625 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LEAH HANSON

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name            HANSON, LEAH  
Address         6366 LIGHTNER DR  
City-State-Zip: ORLANDO FL 32829-7625

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEAH HANSON

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date